

18283

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 7 1943

Registration District No. 178

Primary Registration District No. 4286

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Years _____
years, months or days

3. (a) PRINT FULL NAME Maggie M. Rohs

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife John Loui Rohs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 7th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 7 _____ hr. _____ min.

9. Birthplace Canton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Joseph Johnston
13. Birthplace Unknown, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Reese
15. Birthplace Canton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joe V Rohs
(b) Address La Grange, Missouri

17. (a) Burial (b) Date thereof May 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Missouri

18. (a) Signature of funeral director J. H. Roberts

(b) Address La Grange, Missouri

19. (a) May 17, 1943 (b) P. W. Jennings, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Grange
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1943 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from August 11th 1942 to May 14 1943,
that I last saw her alive on May 14 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis and myocardial degeneration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?


While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature Frank D. Rollins, M.D. (M.D. or other) S.O.
Address La Grange Mo. Date signed 5-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

A.A. Roberts....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 1626.....

P. O. Address La Grange.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.